

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-14287		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE					
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN				IN CITY LEBANON				DATE OF CRASH 8/17/15		DAY MON.		TIME 0520	
CRASH OCCURRED ON 596 COLUMBUS AVE								WITHIN THE INTERSECTION OF					
IF NOT IN INTERSECTION ____ MILES ____ FEET W N E S OF								(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)				CITY CODE	
LOG-1		LOG-2		LOC JUR FH9		FILT							
A UNIT NO. 1		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT TRUSTY INS.					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)								ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO		STATE		DRIVER'S LICENSE NO	
OWNER (IF SAME AS DRIVER, WRITE SAME) HIBBARD, SHARON								ADDRESS 804 TAMARACK #A LEBANON OH				PHONE 513-836-3104	
VEH YR 04		MAKE CHEV		MODEL 45		COLOR BLK		STYLE		STATE OH		LICENSE PLATE NO 026YLG	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
B UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT					
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI) UNK.								ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO		STATE		DRIVER'S LICENSE NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME) UNK.								ADDRESS				PHONE	
VEH YR		MAKE		MODEL TK		COLOR WHITE		STYLE		STATE		LICENSE PLATE NO UNK	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION		INJURIES	
		ADDRESS				PHONE		SEX		A B C D E F		A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
		ADDRESS				PHONE		SEX		A B C D E F		CONDITION	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
		ADDRESS				PHONE		SEX		A B C D E F		ALCOHOL	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	
		ADDRESS				PHONE		SEX		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
A B C		INJURED TAKEN TO				By		A B C D E F		A B C D E F		TESTED	
D E F		INJURED TAKEN TO				By		A B C D E F		A B C D E F		TESTED	
A B C		OFFENSE CHARGED AND DESCRIPTION				By		A B C D E F		A B C D E F		TESTED	
D E F		OFFENSE CHARGED AND DESCRIPTION				By		A B C D E F		A B C D E F		TESTED	
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